

R. Cavanagh PRINTED: 01/23/20
FORM APPROVE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2770SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/29/2009
NAME OF PROVIDER OR SUPPLIER PAHRUMP HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 4501 NORTH BLAGG RD PAHRUMP, NV 89048		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on December 29, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00022567 was unsubstantiated. Complaint #NV00022639 was unsubstantiated. Complaint #NV00023790 was substantiated with a deficiency (see Tag Z230). Complaint #NV00023979 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiency was identified:</p>	Z 000	<p>DISCLAIMER CLAUSE</p> <p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p>	
Z230 SS=D	<p>NAC 449.74469 Standards of Care</p> <p>A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the</p>	Z230	<p>RECEIVED</p> <p>FEB 03 2010</p> <p>BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

HG5F11

TITLE

(X6) DATE

If continuation sheet 1

Bureau of Health Care Quality and Compliance

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Z230	Continued From page 1 comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide consistent toileting assistance as noted on the Minimum Data Set and resident care plan and failed to provide documented evidence of toileting assistance for the month of June 2009 for 1 of 9 residents (Resident #2). Severity: 2 Scope: 1	Z230	Z230 SS=D a. Resident #2 is no longer in the facility. b. 100% of the facility's bedside C.N.A. care plan have been removed for further review. Review of Nurses notes, ADL documentation and MDS for 7/2009 demonstrating correlating the same coding for toileting assistance. c. Review of process and communication tool for C.N.A.'s for delivery of individualized care for specific residents. Education for Medical records on bedside care plan tools are not a part of the record. d. 100% review of ADL Books demonstrating removal of all bedside care plans. e. DNS responsible	1/25/2010

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RECEIVED

If continuation sheet 2

FEB 03 2010

BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA